### Arkansas Department of Labor Wage and Hour Division 10421 West Markham

Little Rock, Arkansas 72205-2190 Telephone (501) 682-4500 \* TDD: (800) 285-1131

## APPLICATION FOR EMPLOYMENT OF A MINOR

#### Section 1. INSTRUCTIONS

(Address of Parent, Guardian or Custodian)

- 1. All sections <u>must</u> be completed before submitting the application. If all sections are not completed, the application will be denied.
- 2. As a means of establishing age, please submit a copy of one of the following documents with the application: Certificate of Birth, Driver's License, State issued I.D. card, or a notarized copy of school record listing the minor's name and date of birth.
- 3. The following information <u>must</u> be provided or the application will be denied: exact hours the minor will be working, specific job description and proof of age.

**NOTE**: A work permit is not required for a minor 16 and 17 years of age. However, there are federal laws that limit the jobs these minors can perform. For more information, please visit www.youthrules.dol.gov.

### Section 2. STATEMENT OF PARENT, GUARDIAN OR CUSTODIAN

This statement must be completed by the parent, guardian or custodian of this child and signed by the parent, guardian or custodian, and also by the child. I, the undersigned, hereby affirm that I am the (First Name) (Middle Name) (Last Name) (Parent, Guardian or Custodian) now residing at \_\_\_\_\_\_ (Give Number and Street, City, County, State, Zip Code) (County) (State) \_\_\_\_\_\_, 19 \_\_\_\_\_\_, and is now \_\_\_\_\_\_ years of age. on the \_\_\_\_\_day of \_\_\_\_\_ School currently attending or last attended: (Name of School) Child will be employed by \_\_\_\_\_ (Give Name of Firm and Address) (Occupation of Minor) and I am willing that \_\_\_\_\_\_be so employed and ask that an employment certificate be issued as provided by law. (Signature of Child) (Signature of Parent, Guardian or Custodian) (Date) (Date) (Printed Name of Parent, Guardian or Custodian)

# Section 3. INTENTION TO EMPLOY

The undersigned intend	ds to employ:	,		,
	(Name and Add	ress of Minor)		
in the capacity of	(Occupation)	in the	(T) (D)	industry,
for	days per week,	hours	per day on the following days:	
(Complete start and en	d times for only the days that apply)			
Monday beginning _	and ending			
Tuesday beginning	and ending			
Wednesday beginning	and ending			
Thursday beginning	and ending			
Friday beginning	and ending			
Saturday beginning	and ending			
Sunday beginning _	and ending			
Yes or No: Employmen	nt during vacation periods	Employment durin	g school year	
allows a minor 14 and precede a school day. <u>]</u> 1) during school hour 3) more than three ho hours a week during	e will vary, list the earliest possible be 15 years of age to work until 7:00 p. If your business is subject to the Fair s; 2) before 7.a.m. or after 7 p.m., expurs a day on a school day, including a school week; 6) more than 40 hour will need to contact the U.S. Departmen	m. on nights that prece Labor Standards Act cept June 1 through L Fridays; 4) more than s a week during non-se	de a school day and until 9:00 p , a minor 14 and 15 years of ag abor Day, when the evening ho eight hours a day on a non-sch chool weeks. To obtain addition	o.m. on nights that do ge may not be employ our is extended to 9 p. ool day; 5) more than nal information on Fed
	will result in the application being denie			
	ds to employ the above-mentioned min- mply with the provisions of the Arkansa			
(Name of business/employer	)			
(Business Mailing Address)				
(City/State/Zip)				
(Employer's Telephone Nun	aber)			
(Signature of Employer or A	uthorized Agent)	(Printed nan	ne of Employer or Authorized Agent)	

**REMINDER:** Proof of age must be attached to application or permit will not be issued.